
ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

APPLICATION FOR LICENSURE

GENERAL INSTRUCTIONS AND INFORMATION

APPLICATION MATERIALS

An application form is enclosed along with a copy of the Arizona Revised Statutes and Board Rules governing psychologists. Please read the enclosed materials very carefully to avoid delays in the application process because of lack of familiarity with the requirements. Applicants should call the Board Office prior to submitting application forms to verify that the forms and fees are still current.

If you have failed the Examination for Professional Practice in Psychology 3 or more times in any state, you must contact the Board before submitting an application, pursuant to A.R.S. § 32-2072(B) and R4-26-204(A)(2)(a, b)

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

- * Check or Money Order in the amount of \$350 made payable to the Board of Psychologist Examiners
- * The "Mandatory Confidential Information" page (non-public information)
- * The six page "Psychologist Licensure Application" with any required supporting documentation
- * The two page "Core Program Requirements" form
- * The three page "Supervised Internship or Training Experience Verification" form sent to the Board by the training program administrator or supervisor. If the program was not an APA approved internship or a member of APPIC, a copy of the written statement describing goals and content of training and clear expectations for the quality and quantity of work is also required
- * The two page "Post Doctoral Experience Verification" form sent to the Board by the training supervisor. The Board may waive this if you have ten years' licensed practice in the U.S. or Canada
- * Official transcripts from all graduate institutions attended, sent directly to the Board by the university/college
- * Verification of licensure in other states, if applicable
- * Reference forms mailed from the Board's office

It is the applicant's responsibility to contact his/her information sources to verify that materials have been sent, including reference letters mailed from the Board office. Board staff cannot fax reference letters or other application documents to information sources. It is the applicant's responsibility to make sure that all information sources are aware of any deadlines that the applicant is attempting to meet. **New applications must be administratively complete at least 14 days prior to the next scheduled Board meeting, including teleconference calls, in order to be scheduled on that Board meeting agenda.** Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. It may be helpful to submit course catalog descriptions and/or course syllabi. The Board provides one *Notice of Deficiency* to applicants of materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at (602) 542-8161 to check the status of his/her application file.

EXAMINATION (EPPP)

The Examination for Professional Practice in Psychology (EPPP) is now administered for Arizona via computer at authorized Prometric Testing Centers. It is no longer administered by the Board of Psychologist Examiners in the paper and pencil form.

Once an applicant is approved by the Board of Psychologist Examiners to sit for the EPPP, the Board will provide the

applicant's name to the Professional Examination Service (PES). PES will mail an application packet to the applicant, receive, review, correct and verify the application, and collect payment directly from the applicant. Payment may be made by credit card or by a certified check or money order made payable to PES.

Applicants must sit for the examination within 60 days of the date on the "authorization-to-test" letter provided by PES, however, they are encouraged to call Prometric to make an appointment as soon as they receive the letter from PES. Prometric has over 300 testing centers across the United States and Canada.

STUDY MATERIALS

Information regarding study materials for the EPPP can be obtained by contacting the ASPPB at:

P.O. Box 241245
Montgomery, AL 36124-1245
1-800-448-4069

CONTACTING THE BOARD

If you need additional information after reading the application packet, please call:

Marcus Harvey
Projects Specialist
(602) 542-8161
Fax: (602) 542-8279
E-mail: licensing@psychboard.az.gov
Internet : www.psychboard.az.gov

The Board cannot make out-of-state telephone calls. Mailing address:

Arizona Board of Psychologist Examiners
1400 West Washington, Suite 235
Phoenix, Arizona 85007

NOTICE FOR AMERICANS WITH DISABILITIES

Title 2 of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability in its public meetings. Persons with a disability may request a reasonable accommodation such as sign language interpreter, by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for the accommodation. These documents may be made available in alternative formats by contacting the Board.

Arizona Board of Psychologist Examiners

FEE SCHEDULE

(Current as of July 1, 2001)

Application	\$350*
Reapplication	\$200*

*These fees are non-refundable and must accompany the application.

Initial Licensing Fee	\$400 Prorated
<i>(\$16.67/mo. for months remaining until next renewal date, payable after the Board approves your application for licensure)</i>	
Biennial Active Renewal Fee	\$400
Biennial Inactive Renewal Fee	\$ 50
Reinstatement Fee	\$200

Duplicate Renewal Receipt	\$ 5
Duplicate Certificate	\$ 25
Verification of Licensure	\$ 2

All fees shall be in the form of personal checks or money orders submitted to and made payable to the **Arizona Board of Psychologist Examiners**.



State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 235
Phoenix, AZ 85007

Phone: 602-542-8162
Fax: 602-542-8279

E-Mail: licensing@psychboard.az.gov
www.psychboard.az.gov

Psychologist Licensure Application

I hereby apply to be licensed as a psychologist by the Arizona Board of Psychologist Examiners. Enclosed is the application fee, which I understand is **nonrefundable**.

I understand that, if, in the judgment of the Board, more information is necessary, further documented evidence may be required and I may be requested to appear before the Board.

I understand that if I have a "special testing accommodation request" regarding an examination (e.g., a disability) for the Board's consideration, **I will file a written request to the Board with this application.**

I understand that if I have already taken the Examination for the Professional Practice of Psychology (EPPP) in another state, I may be eligible for examination waiver. To be considered for waiver, I understand that I must request that the EPPP Score Transfer Service, ASPPB, P.O. Box 241245, Montgomery, AL 36124-1245, (334) 832-4580, or the state in which I originally tested, send my score directly to the Board.

I understand that if I have failed the EPPP 3 or more times in any state, I must contact the Board before submitting an application or reapplication, pursuant to A.R.S. § 32-2072(B) and A.A.C. R4-26-204(A)(2)(a, b).

I understand that if I hold a Diplomate from the American Board of Professional Psychology (ABPP), a Certificate of Professional Qualification in Psychology (CPQ) or a National Register of Health Service Providers in Psychology (NRHSPP) credential, I may apply by means of the "Application for Licensure as a Psychologist by Credential" form.

I understand that it is my responsibility to contact any state in which I have ever held a psychology license to request that verification of my licensure (active, inactive, expired or otherwise) be sent directly to the Arizona Board of Psychologist Examiners. You may contact the state directly or use the attached *Verification of State Licensure* form.

I understand that my file will be considered **open** upon the Board's receipt of my application form and fee payment. My file will not be considered **administratively complete** or ready for Board review **until all materials required by the Board are received on appropriate forms at the Board office. My file must be administratively complete at least 14 days prior to the next scheduled Board meeting, in order to be considered on that Board meeting agenda.** Application materials are open to public inspection in accordance with the Board's statutes and rules.

I further understand that I may not list myself **as a psychologist** in Arizona telephone directories, business cards, or otherwise represent myself as a psychologist, until I have been officially notified that I, in fact, have been licensed as a psychologist in Arizona.

I have ☐ have not ☐ made a previous application to the Arizona Board of Psychologist Examiners.

If so, list date(s) of the application and action taken by the Board.

Name (printed or typed) _____

Signed _____ Date: _____

GENERAL INFORMATION
(PLEASE PRINT OR TYPE)

1. Full Name: _____ Date: _____
2. Home Address: Please provide on the pink *Mandatory Confidential Information* form enclosed.
3. Business Address: _____
- City: _____ County: _____ State: _____ Zip Code: _____
- Work Phone: (____) _____ - _____ Ext.: _____ Work Fax: (____) _____ - _____
- E-mail: _____ Gender: Male ☐ Female ☐
4. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board. Home ☐ Business ☐
- Which address would you like the Board to use as your mailing address? Home ☐ Business ☐
5. Place of Birth: _____
6. Are you a Diplomate of the American Board of Professional Psychology (ABPP)? Yes ☐ No ☐
If yes, are you requesting the ABPP to send verification to this Board? Yes ☐ No ☐
7. Are you or have you been licensed or certified as a psychologist in any state or Canadian province? If yes, list state(s) and license number(s): Yes ☐ No ☐

8. Have you ever taken the national examination in psychology (EPPP), including exams taken Arizona? If yes, list all states, dates and scores: Yes ☐ No ☐

9. Have you made application to any other state or Canadian province that you are not licensed in? If yes, attach an explanation and include dates. Yes ☐ No ☐
- For questions 10 through 21 below, if the answer is yes, please attach an explanation:**
10. Are you licensed or certified in any other field or profession? Yes ☐ No ☐
11. Has any state or province ever denied or rejected your application for a professional license, certification, or registration? Yes ☐ No ☐
12. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration? Yes ☐ No ☐
13. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration? Yes ☐ No ☐
14. Are you a member of any professional association in the field of psychology? If yes, please give the name(s) of the association(s). Yes ☐ No ☐

15. Have you ever had membership in a professional association in the field of psychology denied or revoked? Yes ☐ No ☐

16. Are you currently under investigation for or have you been found guilty of violating a code of professional ethics or unprofessional conduct by any professional organization or jurisdiction? Yes ☐ No ☐
17. Have you ever been sanctioned or placed on probation by any jurisdiction? Yes ☐ No ☐
18. Have you been convicted of a felony or a misdemeanor other than a minor traffic offense, or ever entered into a diversion program in lieu of prosecution, including any convictions that have been expunged or deleted? Yes ☐ No ☐
19. Have you been sued in civil or criminal court pertaining to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a particular profession? Yes ☐ No ☐
20. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice? Yes ☐ No ☐
21. Do you have any medical, physical, or psychological condition that may in any way currently impair or limit your ability to practice psychology safely and effectively? Yes ☐ No ☐

22. UNDERGRADUATE AND GRADUATE EDUCATION

University or College	City and State	Dates Attended	Degree and Date	Name of Department	Major Subject Area

Doctoral Degree: Major Advisor: _____

Department: _____

Title of Dissertation or Psy.D. Project: _____

23. Official title of your doctoral degree program or predoctoral specialty area: _____

24. Did you complete at least 24 semester hours of credit in residence at the institution that granted your doctorate in psychology? Yes ☐ No ☐

25. List your training experiences (excluding practica), including names of the individuals you are requesting verification forms from:

26. Was your predoctoral internship:
- a. Approved by the American Psychological Association? Yes ☐ No ☐
- b. A member of the Association of Psychology and Postdoctoral Internship Centers? Yes ☐ No ☐
27. My areas of professional competence are: _____
28. My areas of intended professional activity in Arizona are: _____
29. If licensed, I would like my name on the license to read (include name and degree only): _____
30. References: to be acceptable, reference psychologists must provide favorable endorsement of your professional competence and your experience in the areas of intended practice, not merely indicate that you are known to them. Mere provision of a signature or an unfavorable report by a reference psychologist does not constitute provision of credentials necessary for licensure.

Reference psychologists shall be licensed psychologists, diplomates of the American Board of Professional Psychology, fellows or members in good standing of the American or Canadian Psychological Association or other psychologists who are licensed or certified to practice psychology in a United States or Canadian jurisdiction. **Members of the Arizona Board of Psychologist Examiners may not provide references.** The Board may reject any reference and/or require additional references from the applicant.

List the names, positions, addresses and phone numbers of at least **two** psychologists familiar with your education, training or experience and who have knowledge of your professional activities **within the past three years**. The Board will contact these persons directly for the required information and endorsement on forms provided by the Board.

A. _____

() _____ - _____

B. _____

() _____ - _____

31. Professional employment in psychology. List most recent first and for each of the positions, give:
YOUR EXACT TITLE; A BRIEF STATEMENT OF NATURE OF WORK; and THE AMOUNT AND KIND OF
PROFESSIONAL SUPERVISION. You may photocopy this page or add additional pages as needed.

A.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:
(b) Nature of Work:
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

B.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:
(b) Nature of Work:
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

C.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:
(b) Nature of Work:
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

D.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:
(b) Nature of Work:
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

32. This application shall be accompanied by:

- A. One original, un-retouched photograph taken not more than 60 days before the date of the application. Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space to the right, firmly attach with tape or glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
- B. A Check or Money Order in the amount of \$350, made payable to the Arizona Board of Psychologist Examiners.



PHOTOGRAPH

AFFIDAVIT

Pursuant to A.R.S. Sections 32-2061, 32-2071.01 and 32-2081, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

STATE OF _____)

COUNTY OF _____)

The undersigned, having appeared before me and being identified as the same individual shown in the attached photograph, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the standards of professional conduct as defined in Arizona Revised Statutes, Section 32-2061, et seq.; and the rules and regulations pertaining thereto.

Signature of Applicant

SWORN TO before me this ____ day of _____, 20 ____

Signature of Notary

My Commission Expires: _____

CORE PROGRAM REQUIREMENTS

Name_____

Date_____

In accordance with A.R.S. 32-2071.A.4 and Board Rules, an applicant shall show a minimum of 3 or more graduate semester hours (or 4 quarter hours or 5.33 trimester hours) in each of the following areas.

(Please note: Providing course descriptions and/or course syllabi could be helpful in demonstrating that you meet these requirements of Arizona law. It is possible to satisfy these requirements through your comprehensive examination. A letter from your academic department could serve as verification of your comprehensive examination topics which meet these requirements. If you are deficient in one content area, Arizona law would allow you to take that course as an unmatriculated graduate student.)

Dept. & Course No.	Title and Brief Description of Course	# Cred. Hrs.	(Circle One)		
	SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS IN PSYCHOLOGY:				
			Sem	Qtr	Trim
	RESEARCH METHOD AND STATISTICS: (May include design, methodology, statistics and psychometrics)				
			Sem	Qtr	Trim
	BIOLOGICAL BASIS OF BEHAVIOR: (May include physiological psychology, comparative psychology, neuro-psychology, sensation and perception and psychopharmacology)				
			Sem	Qtr	Trim
	COGNITIVE-AFFECTIVE BASIS OF BEHAVIOR: (May include learning, thinking, motivation and emotion)				
			Sem	Qtr	Trim

Dept. & Course No.	Title and Brief Description of Course	# Cred. Hrs.	(Circle One)		
	THE SOCIAL BASIS OF BEHAVIOR: (May include social psychology, group processes and organizational and systems theory)				
			Sem	Qtr	Trim
	INDIVIDUAL DIFFERENCES: (May include personality theory, human development and abnormal psychology)				
			Sem	Qtr	Trim
	ASSESSMENT: (Includes instruction in interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning)				
			Sem	Qtr	Trim
	TREATMENT MODALITIES: (Includes instruction in the theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders)				
			Sem	Qtr	Trim



State of Arizona Board of Psychologist Examiners

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www.psychboard.az.gov

SUPERVISED PSYCHOLOGY INTERNSHIP OR TRAINING EXPERIENCE VERIFICATION (FIRST 1500 HOURS)

Dear _____: Date: _____
I am applying for licensure in Arizona as a Psychologist. My application shows that I participated in a professional psychology training experience with your organization from _____ to _____. Please complete the questions below and mail this and any other requested information directly to the Board at the above address. Thank you for your assistance.

Signature _____

Printed Name _____

The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's internship training program. It may not be completed by the applicant.

I attest that _____ participated in a professional psychology training program at _____ from _____, _____, to _____, _____.

This training program was half time [____], full time [____], other [____] (Please explain "other" on a separate sheet of paper.)

Number of hours trainee worked per week: _____ for _____ weeks.

Total hours of experience: _____

Total hours of individual, face-to-face supervision: _____

Total number of direct client contact hours: _____

Please answer the following questions.

1. Prior to or during the training, did any of this trainee's supervisors have a familial or financial relationship with this trainee, or was the trainee an employee of the supervisor? Yes [____] No [____]
2. Was any credit given to this trainee for activities completed before the starting date of this training? Yes [____] No [____]
3. Was any credit given to this trainee for activities performed which were not directly under supervision and control by your organization or facility? Yes [____] No [____]

IF ANY OF THE ANSWERS TO QUESTIONS 1-3 ARE YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

4. Did this applicant successfully complete this psychology training program at a satisfactory level of performance? Yes [____] No [____]

IF NO, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

- A. During the entire time this applicant was in training, was this psychology training program a predoctoral internship approved by the American Psychological Association Committee on Accreditation? Yes [____] No [____]
- B. During the entire time this applicant was in training, was this psychology training program an internship facility that was a member of the Association of Psychology and Postdoctoral Internship Centers? Yes [____] No [____]

IF THE ANSWER TO EITHER "A" OR "B" ABOVE IS YES, YOU DO NOT NEED TO ANSWER THE QUESTIONS OR PROVIDE THE INFORMATION REQUESTED IN #5 THROUGH #19 BELOW. PLEASE SKIP TO PAGE 3 AND SIGN AND NOTARIZE THE STATEMENT AT THE END OF THIS FORM AND RETURN IT TO THE BOARD ADDRESS ABOVE.

IF THE ANSWERS TO BOTH QUESTIONS "A" AND "B" ABOVE ARE NO, PLEASE ANSWER THE FOLLOWING QUESTIONS SO THE BOARD MAY DETERMINE IF THE TRAINING PROGRAM MEETS THE REQUIREMENTS OF ARIZONA'S STATUTES AND RULES. **IF ANY OF THE ANSWERS TO THESE QUESTIONS ARE NO, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

5. Did the psychology training program have a clearly designated staff psychologist who was responsible for the integrity and quality of training? Yes ☐ No ☐
Who was this psychologist? _____
6. Was this staff psychologist Licensed or Certified in the state where the psychology training took place? Yes ☐ No ☐
7. Did the psychology training program have at least two psychologists on staff as supervisors? Yes ☐ No ☐
8. Was supervision of this psychology trainee provided by the person who carried clinical responsibility for the cases being supervised? Yes ☐ No ☐
9. At all times, was a supervisor available to the trainee at the various points of decision making? Yes ☐ No ☐
10. Was at least 50% of the training supervision provided by one or more licensed or certified psychologists? Yes ☐ No ☐
11. Did training include a range of assessment, consultation and treatment activities conducted directly with clients? Yes ☐ No ☐
12. Was a minimum of 25% of the trainee's time in direct client contact? Yes ☐ No ☐
13. Was there a minimum of one hour of face-to-face, individual supervision for each twenty hours of experience with the specific intent of dealing with the quality of psychological service rendered directly by the trainee? Yes ☐ No ☐
14. Did the psychology trainee have at least two additional hours of learning activities per week? (Examples of additional learning activities may include: case conferences involving a case in which the trainee was actively involved; seminars dealing with clinical issues; co-therapy with a professional staff person including discussion, group supervision or additional individual supervision). Yes ☐ No ☐
15. Did this applicant have a title designating his or her trainee status? Yes ☐ No ☐
16. Was there a written statement that described the goals and content of training and that stated clear expectations for the quality and quantity of this trainee's work? If yes, **PLEASE ATTACH A COPY OF THIS STATEMENT.** Yes ☐ No ☐
17. Was the written statement in #16 an educational program that was fully established by the time the trainee began training? Yes ☐ No ☐
18. Were there two or more psychology trainees in this program during the time of training? Yes ☐ No ☐
If No, does the written statement described in #16 include a description of the program policies specifying the opportunities and resources provided to this trainee to have interaction with psychology trainees in other programs? Yes ☐ No ☐
19. Did any of the time spent fulfilling academic degree requirements such as doctoral degree formal course work, practica, field laboratory, dissertation or thesis credit count toward the hours accumulated in this psychology training program? Yes ☐ No ☐

I hereby certify that the information provided here is true and complete to the best of my knowledge.

Address

Signature

Title

License # and State

(_____) _____ - _____
Phone

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of _____, this _____ day of _____, 20____.

NOTARY SEAL

Notary Public

My Commission Expires: _____



State of Arizona Board of Psychologist Examiners

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E Mail: licensing@psychboard.az.gov
www.psvchboard.az.gov

POSTDOCTORAL PROFESSIONAL PSYCHOLOGY EXPERIENCE VERIFICATION (SECOND 1500 HOURS)

Dear _____:

Date: _____

I am applying for licensure in Arizona as a Psychologist. My application shows that I was under your supervision from _____ to _____. A.R.S. § 32-2071(E) requires evidence of 1500 hours of postdoctoral supervised professional psychology experience be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and mail this information directly to the Board at the above address. Thank you for your assistance.

Signature: _____

Printed Name: _____

The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's postdoctoral experience. It may not be completed by the applicant.

I attest that _____ worked as a postdoctoral supervisee at _____
_____ from _____, _____ to _____, _____.

Number of hours trainee worked per week: _____ for _____ weeks.

Total hours of experience: _____

Total hours of individual, face to face supervision: _____

Total number of direct client contact hours: _____

Please answer the following questions.

- | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Were you licensed or certified as a psychologist in the state where supervision occurred? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | For at least two years prior to the beginning supervision? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Did you accept full legal responsibility for the welfare of the client as well as the diagnosis, intervention and outcome of the intervention? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Were you fully available to the supervisee in the event of emergency and did you provide emergency consultation coverage when you were not? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Did you provide at least one hour of face-to-face individual supervision for each twenty hours of training experience? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Was this training experience completed within 36 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Did any of the hours described here accumulate while the supervisee was functioning in a professional capacity not directly under your responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Prior to or during supervision, were you and the supervisee involved in a familial or financial relationship or was the supervisee your employer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Were you responsible for ensuring that adequate records of client contacts were maintained and were clients informed that you were the source of access to this information in the future? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Was this supervisee's performance satisfactory? If not, please explain on a separate sheet of paper. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

10. What was the nature of the supervisee's duties while you were supervisor? _____

I hereby certify that the information provided here is true and complete to the best of my knowledge.

Address

Signature

Title

License # and State

(_____) _____ - _____
Phone

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of _____, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

NOTARY SEAL



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Fax: 602-542-8279

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VERIFICATION OF STATE LICENSURE

INSTRUCTIONS: Complete the top section of this form (type or print). Make copies to send to each state where you hold or have held a license. If a state requires a fee for the verification, be sure to include that payment with this form. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden)		Health Profession License Held		Social Security Number	
Address (Number, street, or / rural route)		City		State	ZIP code
License number	Date of Issuance (month, day, year)			Date of Birth (month, day, year)	
I hereby authorize the State of _____, to furnish the Arizona Board of Psychologist Examiners with the information below.					
Signature _____					

DO NOT WRITE BELOW THIS LINE

STATE BOARD: The following psychologist has made application for licensure in the State of Arizona and has stated that he/she is licensed to practice psychology in your state. Please complete the form below and return it to the Board at your earliest convenience. **If there is a charge for this service, mail this form to your licensee's address above or contact them and request payment of any fees.**

License number	Date of Issuance (month, day, year)		Licensed by <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other	
EPPP Score (if exam was administered in your state)	Date of Administration (month, day, year)			Please Affix Board Seal
Is license current and in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is or has the license been invalid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any disciplinary information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has licensee voluntarily surrendered license while under investigation for conduct that relates to unprofessional conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No		If license has been encumbered in any way, please provide certified copies of all related documents.		
FORM COMPLETED BY:				
Name		Title		
Signature	State Board		Date (month, day, year)	



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E Mail: info@psychboard.az.gov
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Mandatory Confidential Information (for Board Use Only)

Name (Last, First, Middle)

Other Names Used (Last, First, Middle)

Residential Address* (P.O. BOX NOT ACCEPTABLE)

Apt. #

City

State

9 Digit Zip Code

☐ Check here to indicate if residential address is the same as your business address

(_____) _____ - _____
Home Phone No.

Date of Birth**

(_____) _____ - _____
Home Fax No.

Social Security Number*** (Required)

* THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.

** THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.

*** A.R.S. §§ 25-320(K) and 25-502(E) MANDATES THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.

(Revised 10/01)

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